

COMBINED DECLARATION FOR PATENT
APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET
NUMBER

28091/210
(12846US2-MLE/MMH)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AUTOMATICALLY DISABLED SYRINGE

the specification of which (check only one item below):

☐ is attached hereto.

☐ was filed as U.S. Patent Application Serial No. _____ on _____ and was amended on _____ (if applicable).

☒ was filed as PCT International Application Number **PCT/AU2005/000106** on **28 January 2005**.

I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim priority benefits under Title 35, United States Code, § 119 of any application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States listed below and have also identified below any application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (IF PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
AUSTRALIA	2004900363	28 January 2004	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Continued) (Includes Reference to PCT International Applications)				ATTORNEY'S DOCKET NUMBER 28091/210 (12846US2-MLE/MMH)		
I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application:						
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:						
U.S. APPLICATIONS			STATUS (Check One)			
U.S. APPLICATION NUMBER		U.S. FILING DATE		PATENTED	PENDING	ABANDONED
PCT APPLICATIONS DESIGNATING THE U.S.						
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)				
PCT/AU2005/000106	28 January 2005				X	
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) associated with the following customer number to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. 26774						
Send Correspondence to: 26774				Direct telephone calls to: Gunnar G. Leinberg (585) 263-1014		
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME KAAL	FIRST GIVEN NAME Joseph		SECOND GIVEN NAME Hermes	
	RESIDENCE & CITIZENSHIP	CITY Morpeth	STATE/FOREIGN COUNTRY Australia		COUNTRY OF CITIZENSHIP Australia	
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2 0 2	FULL NAME OF INVENTOR	FAMILY NAME THORLEY	FIRST GIVEN NAME Craig		SECOND GIVEN NAME Stephen	
	RESIDENCE & CITIZENSHIP	CITY Largs	STATE/FOREIGN COUNTRY Australia		COUNTRY OF CITIZENSHIP Australia	
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2 0 3	FULL NAME OF INVENTOR	FAMILY NAME JUDD	FIRST GIVEN NAME Damien		SECOND GIVEN NAME	
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.						
SIGNATURE OF INVENTOR 201 UNSIGNED		SIGNATURE OF INVENTOR 202 UNSIGNED		SIGNATURE OF INVENTOR 203 UNSIGNED		
DATE		DATE		DATE		